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## \*BIBDATASHEET\*

CONFIRMATION NO. 7540

Bib Data Sheet

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/620,309 | FILING DATE<br>07/15/2003<br><br>RULE | CLASS<br>301 | GROUP ART UNIT<br>3617 | ATTORNEY<br>DOCKET NO.<br>15923/09078 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*

This appln claims benefit of 60/396,075 07/15/2002  
 and claims benefit of 60/411,961 09/19/2002

*OK gkb*

## \*\* FOREIGN APPLICATIONS \*\*

*NONE*  
*gkb*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/22/2003

|   |                                    |                         |                       |                            |
|---|------------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>KY          | SHEETS<br>DRAWING<br>15 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br><i>gkb</i> | INITIALS                |                       |                            |
| Verified and<br>Acknowledged  |                                    |                         |                       |                            |

## ADDRESS

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## TITLE

Vehicle wheel balance weights

FILING FEE

FEES: Authority has been given in Paper  
 No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
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| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |

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